

# HIV Partner Counseling and Referral Services: The North Carolina Experience

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# History HIV Partner Counseling and Referral Services (PCRS) North Carolina

- 1988 - HIV PCRS mandated by regulation of Commission for Health Services
- 1989 - PCRS program for HIV positive individuals who tested anonymously or confidentially
- 1990 - HIV made a reportable condition
- 1997 - HIV anonymous testing discontinued

# PCRS

- Specially cross-trained Disease Intervention Specialist (DIS) work with both HIV and Syphilis Cases
- After laboratory or case report is received DIS contacts the provider
- DIS also provide post-test counseling for HIV-positive individuals who do not return to provider for results
- DIS contacts HIV positive individual and conducts voluntary, confidential, in-depth interview

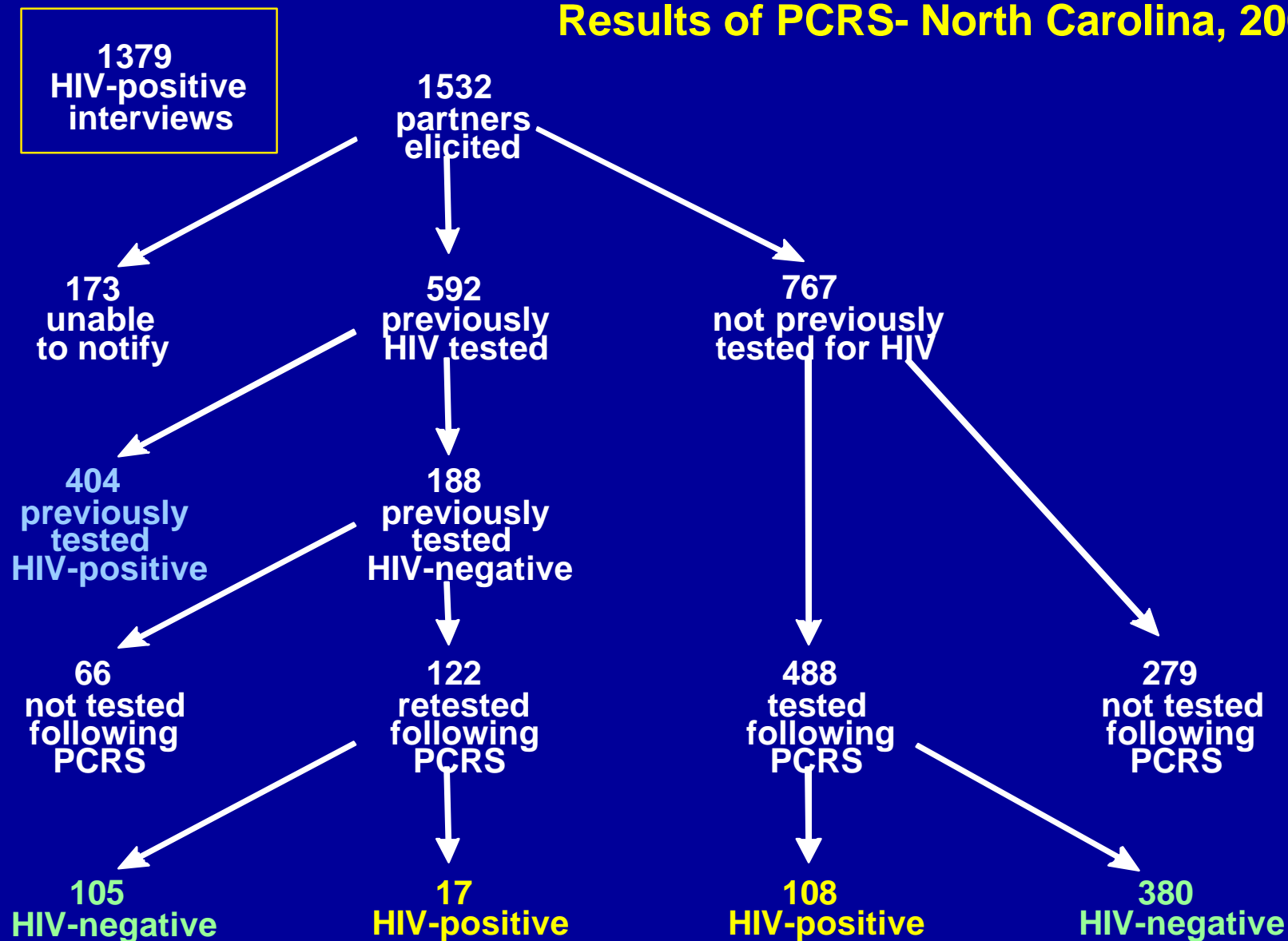
# PCRS Interview Content

- Counsels index patient about HIV infection
- Assesses risk and provides risk reduction messages
- Assesses need for referrals and makes referrals to:
  - Medical Care
  - Case Management
  - Substance Abuse
  - Mental Health
- Elicits names and locating information on sex and needle sharing partners
- Discusses patient or provider partner notification options

# HIV Partner Notification

- Performs notification in person
- Counsels regarding HIV exposure and assesses need for referrals
- Assesses risk and provides risk reduction messages
- Refers to clinic or offers to draw blood for HIV testing in field – HIV testing for partners is not mandatory
- Follows-up with partner regarding test results, if tested

## Results of PCRS- North Carolina, 2001



# Results

- 1 new HIV case identified for every 11 index cases interviewed.
- 20% of HIV tested partners were newly diagnosed HIV-positive.
- 50% of named partners had not been previously tested.
- 39% of the named partners had previously tested positive for HIV.
- 14% of named partners who had previously tested negative and retested were HIV positive.

# Results

- Private sector index patients less likely to be located than public sector, (90% vs 86%), but yield high in both.
- Proportion of index patients located and interviewed did not vary significantly by age or race/ethnicity.
- Proportion of tested partners newly HIV + did not vary by index patient age, race/ethnicity, or clinic type at diagnosis.



# Why Does PCRS work in North Carolina?

- Extensive work with the community and medical care providers to gain their support for PCRS.
- Intensive DIS classroom and field training, followed by close senior field staff supervision and quality assurance.
- Full integration of PCRS into a comprehensive system of HIV care, treatment, and prevention services.

# Conclusions

- PCRS accesses at-risk persons not receiving HIV counseling and testing services in other venues.
- PCRS identifies persons with previously undetected HIV infection.
- PCRS creates opportunities for linking HIV-positive persons into care.
- PCRS provides important opportunities for accessing previously diagnosed, high-risk, HIV-positive persons for referral into prevention case management and care.

# Conclusions

- PCRS encourages HIV-negative partners to change risky behaviors.
- Partners previously testing HIV negative continue to engage in high-risk behaviors and need reassessment of their HIV status.

# Acknowledgments

## NC Field Services Staff

- Evelyn Foust, MPH
- Peter Leone, MD
- Todd Vanhoy
- Michael Hilton
- Del Williams, PhD
- Gale Burnstein, MD, MPH
- Sam Dooley, MD
- HY Kim, PhD